355 Provision of dietetic care in CF centres in the UK

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Introduction: Centre care has been associated with improved outcomes for people with CF. In 2006 the CF Trust introduced peer reviews of UK CF centres, with the aims of providing equity of service provision and improved quality of care for patients. These reviews have recognised a wide variation in dietetic service provision. In 2008 a questionnaire was sent to dietitians working in specialist centres to determine the availability of specialist dietetic support.
Methods: Questionnaires were sent to 46 adult (A) and paediatric (P) CF centres, all treating over 50 patients. Data regarding dietetic staffing levels and service provision are reported.
Results: 32 (70%) questionnaires were returned (19 A, 13 P). Staffing levels varied. Adult: median 0.33 whole time equivalent (WTE) dietitians/50 total (full and shared care) patients (range 0.08–0.91). Paediatric: median 0.18 WTE/50 total patients (range 0.09–0.36). Shared care arrangements were offered by 7 A and 12 P centres. Despite shared care not being a recognised model of adult CF care in the UK, 37% of adult centres were providing some form of shared care. 229 (7%) of A patients and 1327 (54%) of P patients received shared care. There were a number of shared care models. The CF Trust recommends staffing levels of 0.4 WTE/50 full care patients plus 0.2 WTE/50 shared care patients. When considering these two levels of staffing, 63% of A and 85% of P centres were under staffed with P centres being more severely under resourced.
Conclusion: The results indicate that dietetic staffing levels often do not meet recognised standards. The results also highlight the larger numbers of shared care patients in P centres, and despite recommendations to the contrary, many adults are receiving some form of shared care. The different models for shared care may impact on dietetic resources.

356 Improvement of intestinal comfort in cystic fibrosis patients after probiotics consumption

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Objective: To determine if probiotic consumption improve the intestinal health of cystic fibrosis (CF) patients.
Patients and Methods: Forty CF-patients (22 male and 18 female) were included divided into paediatric (mean age 12.2 years, range 4–17) and adults (mean age 27.7, range 20–44). A randomized protocol assigned correlatively the patients in two different groups: Group A consumed 1 capsule/day of CasenBiotic, (CasenFleet), and group B consumed 2 package/day of VLS3 (Faes Farma). All groups consumed probiotics during six months. Two different inquiries (GIQLY to measure the intestinal comfort, and SFH-12 to calculate the general status of health) were realized in two different times: Initial time (Before probiotic consumption) and Final time (At the end of the 6 months). The ANCOVA multifactorial test were used to analyzed the statistical significance of differences.
Results: Both types of probiotics were well-tolerated for all patients, although the CasenBiotic were the most valued for the patients. Taking account the SF-12 inquiry, significant differences between the basal and the final times, even tough between the groups A or B, were not observed. When we considered the GIQLY test, statistical differences ($p = 0.01$) were obtained between the initial and the final points. These results were identical for both groups of probiotics, without difference between them.
Conclusions: Probiotics improved the intestinal comfort in CF-patients, increasing also the LAB density. Even though more studies is needed, probiotics should be considered as a regular supplement in this type of patients.